Health Care Financing Notes

Medicare: Use of Hospital Outpatient Services, 1980

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Medicare: Use of Hospital Outpatient Services, 1980

By: Charles Helbing

This Note presents preliminary data on the use of hospital outpatient services by aged and disabled Medicare beneficiaries in 1980. Diagnostic and therapeutic hospital outpatient services are covered under the supplementary medical insurance (SMI) program. Diagnostic services are examinations or tests for assessing medical conditions or for identifying diseases. These include the services of nurses, psychologists, and technicians; drugs needed for diagnosis; and the use of supplies and equipment. Therapeutic services are those that aid physicians in treating patients and must pertain to physicians' services. Services include the use of hospital facilities such as clinic and emergency rooms, the services of various hospital personnel, speech and physical therapy services, and medical supplies and medical devices. Excluded are charges by physicians except in cases where they elect to have hospitals do the billing for them. Beneficiaries with end-stage renal disease (ESRD) use hospital outpatient benefits primarily for renal dialysis services. However, renal dialysis

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This report is one of a series prepared in the Office of Research, Judith Lave, Director, to provide a description and analysis of the use and cost of the health care benefits furnished to the beneficiaries of the Medicare and Medicaid programs administered by the Health Care Financing Administration. This report was written under the administrative supervision of Allen Dobson, Director, Division of Beneficiary Studies. It was prepared in the Program Statistics Branch, Herbert A. Silverman, Chief. Statistical and software services for this report were provided by Cheryl Black, Vikki Latta and Betty Gunn. Data for this report were supplied from the Medicare Statistical System which is designed and maintained by the Division of Data Production, Office of Statistics and Data Management. Computer services and programming for the 1980 Hospital Outpatient Services file were provided by Larry Chrest.

treatments are also furnished by freestanding dialysis centers, that is, centers without hospital affiliation. Dialysis in these facilities also is covered under the SMI outpatient benefit but these data are not included in this report. 1/ Data for services used by persons with ESRD in hospital outpatient facilities are included (where specified) in this Note but are not shown separately.

Table 1 shows SMI enrollment, hospital, outpatient covered charges, and reimbursement for 1974-1980 for all enrollees with breakouts for aged and disabled beneficiaries.2/ In this table, aged and disabled beneficiaries include persons with ESRD.3/

Table 2 shows, for all enrollees, hospital outpatient covered charges and covered charges per enrollee in 1980 by type of service and by sex, race, and type of entitlement. For type of entitlement, the disabled exclude persons under 65 with ESRD.

1/ Other outpatient benefits under Medicare include services in community health centers, rural health clinics, and non-hospital outpatient physical therapy services.

2/ Prior to 1974, data for hospital outpatient services were not tabulated separately from the data for all outpatient services.

3/ The Social Security Amendments of 1972 extended Medicare coverage to two groups of persons: (1) to persons who have been receiving social security or railroad monthly benefits based on their disability, and who have been entitled to monthly disability benefits for at least 24 consecutive months; and (2) to persons under 65 who require hemodialysis or renal transplantations for chronic renal disease and who are currently or fully insured, or entitled to monthly social security benefits or are the spouses or dependent children of such insured or entitled persons. For both groups, 1974 was the first full year of coverage under Medicare. The Social Security Disability Amendments of 1980 (P.L. 96-265) amended, effective December 1980, the consecutive 24-month requirement to allow the 24-month qualifying period for the current disability to be met nonconsecutively as long as it is met within certain time limits following the earlier period of entitlement.

Table 3 shows, for all enrollees, the number of visits and covered charges for hospital outpatient clinic and emergency room services in 1980 by sex, race, and type of entitlement. For type of entitlement, the disabled excludes persons under 65 with ESRD.

Tables 4 and 5 show covered charges and reimbursements of hospital outpatient services in 1980 for aged and disabled beneficiaries, respectively, by area of residence. Table 5 excludes persons with ESRD because in States with small numbers of disabled beneficiaries the inclusion of persons with ESRD who use a large amount of services may distort the average reimbursement per enrollee.

The data for 1980 are based on bills recorded 6 months after the year of service (July 1, 1981). The data for the years 1974-1979 are based on bills recorded 12 months after the year of service. Thus, the data for 1980 is less complete than for earlier years. To make national totals for 1980 comparable to earlier years, the estimates for 1980 should be increased approximately 2 percent.

The highlights of the data shown in the tables follow.

Trends in Hospital Outpatient Services

Charges and Reimbursements, 1974-1980 (Table 1)

All Medicare Enrollees

- Between 1974 and 1980, total charges for covered hospital outpatient services to all Medicare enrolless increased 282 percent, from $535 million to $2,044 million (an average annual increase of 25 percent).

Reimbursements increased at an average annual rate of 28 percent from $323 million to $1,418, million, an overall increase of 338 percent.

. In 1980, reimbursements for hospital outpatient services accounted for 4.2 percent of total Medicare reimbursements, up from 2.8 percent in 1974.

. The average amount reimbursed per enrollee increased from $14 in 1974 to $52 in 1980, an average rate of increase of 24 percent per year.

Aged

. Covered charges incurred by the aged increased from $395 million in 1974 to $1,496 million in 1980, an average annual increase of 25 percent. In the same period, the average annual increase of reimbursements to the aged was 29 percent, from $221 million to $1,016 million.

. Average charges per aged enrollee rose at an annual average rate of 23 percent--from $18 in 1974 to $61 in 1980. during the same period, the average annual increase of reimbursements per enrollee went up even more--26 percent--from $10 to $41.

. Hospital outpatient reimbursements as a percent of total Medicare reimbursements for the aged increased from 2.1 percent in 1974 to 3.5 percent in 1979. As a percentage of SMI reimbursements, hospital outpatient services increased from 7.7 to 11.5 percent.

Disabled

. Covered charges incurred by the disabled (including persons with ESRD) increased from $141 million in 1974 to $548 million in 1980 — an average annual increase of 25 percent.

. Reimbursements for disabled enrollees also rose at an average annual rate of 25 percent, from $103 million in 1974 to $402 million in 1980. The amount reimbursed per disabled enrollee increased from $57 to $148, an average annual rate of increase of 17 percent.

. Hospital outpatient reimbursements as a percent of total Medicare reimbursements for the disabled remained fairly constant between 1974 and 1980 - for 1980, it was 8.9 percent. But, as a percentage of SMI reimbursements, hospital outpatient services fell from 27.9 percent in 1974 to 23.4 percent in 1980. This reflects, in part, increased use by ESRD enrollees of free-standing dialysis facilities and home dialysis.

. In 1980, the proportion of hospital outpatient reimbursements to all outpatient reimbursements (hospital and nonhospital) was 61 percent for the disabled compared to 83 percent for the aged. The lower rate for the disabled reflects reimbursements made for kidney dialysis services to ESRD enrollees in nonhospital settings.

Covered Charges by Type of Service, 1980 (Table 2)

. The largest proportion of hospital outpatient charges for specified services were incurred for radiology (21 percent) and laboratory (19 percent) services. Clinic and emergency room services each accounted for about 8 percent of the total charges.

. The "other" category (which includes charges for computerized axial tomography, durable medical equipment, blood administration, dialysis services, etc.) accounted for nearly 38 percent of the total charges.

. There were notable differences by race in the amount and distribution of charges for hospital outpatient services.

.. The total incurred charges per nonwhite enrollee ($128) was almost twice as high as that of white enrollees ($69). The most notable difference was in the use of clinic and "other" services.

.. For whites, the average charge for clinic services was $4 per enrollee. For other races, the average clinic charge per enrollee was $23. Hospital outpatient clinics are important sources of primary care for nonwhites, especially in metropolitan areas. 4/

.. The average charge per enrollee for "other" services for persons of all other races, was $53, more than double the charge for whites, $25. This may reflect the higher proportion of persons with ESRD among nonwhites and greater charges for dialysis services. 5/

. The average total charge per disabled enrollee without ESRD ($90) was about 48 percent higher than the average for the aged ($61).

4/ See Martin Ruther and Herbert A. Silverman, "Medicare: The Use of Hospital Outpatient Services by Medicare Beneficiaries, 1977" Health Care Financing Research Report, in press.

5/ In 1980, 3.3 percent of all the disabled nonwhites ever enrolled during the year had ESRD. The comparable figure for whites was 1.5 percent. (Unpublished HCFA tabulations).

Hospital Outpatient Clinic and Emergency Room Utilization, 1980 6/

- Table 3 shows that Medicare enrollees using hospital outpatient clinic services in 1980 made 5.4 million visits and incurred charges of $163.3 million--an average of $31 per visit. For emergency room services, Medicare enrollees made 5.4 million visits and incurred charges of $166.0 million, an average of $31 per visit.

- The overall rate of use of clinic services and emergency room services was the same (196 per 1,000 enrollees).

- By type of entitlement, the disabled (excluding persons with ESRD) used clinic services at a rate 2.7 times that of aged beneficiaries (445 and 167 visits per 1,000 enrollees, respectively). Similarly, the disabled used emergency room services at a rate 2.1 times greater than the aged (369 and 176 visits per 1,000 enrollees, respectively).

Reimbursement by Residence, 1979

- There were wide differences in the distribution of Medicare hospital outpatient benefits by residence.

6/ The hospital outpatient bill (HCFA 1483, see Appendix 1) provides data on units of service only for clinic and emergency room services. For these services the unit of service is the visit. A visit is counted for each distinct service received. For example, visits to the opthamology and dermatology clinics on the same day would count as two visits.

Aged (Table 4)

. In 1980, the average hospital outpatient reimbursement per aged enrollee in the United States was $41. By region, the highest average was to residents in the West, $55; the lowest was to those in the South, $30. By State, Massachusetts ($80) had the highest average reimbursement per enrollee. Kentucky had the lowest average among all States ($20).

Disabled Excluding ESRD Enrollees (Table 5)

. In 1980, the average reimbursement per disabled enrollee excluding those with ESRD was $62. This was 50 percent more than the average for the aged ($41). By region, the average reimbursement per disabled enrollee ranged from $96 in the West to $42 in the South. By State, the average ranged from $122 in Massachusetts to $19 in South Dakota.

Enrollees with ESRD have been excluded from Table 5 because they incur very high charges for dialysis. This exclusion avoids distorting the average hospital outpatient charges and reimbursement per beneficiary in States with relatively many ESRD users and comparatively few disabled users without ESRD.

Sources and Limitations of Data

The hospital outpatient data in this Note were derived from a 5 percent sample of persons enrolled for supplementary medical insurance. Sample counts were multiplied by 20 to estimate the totals. Data for 1980 were taken from bills for services performed in hospital outpatient departments during that year and tabulated by the Health Care Financing Administration's central records as of July 1, 1981 (that is, 6 months following the year of service). It is estimated that these bills represent about 98 percent of the eventual reimbursements for hospital outpatient services in 1980. Data for the years 1974-1979 were based on bills recorded 12 months following the year of service. Payments for hospital outpatient services shown in this report are based on interim rates that may be adjusted after the end of the hospital's accounting year based on reasonable costs of operation.

Hospitals submit bills for all hospital outpatient services to Medicare beneficiaries. Medicare reimbursements were made only if the patient exceeded the SMI deductible of $60. This often depends on the use of other SMI covered services, particularly physician and other related medical services. Therefore, the Medicare files used to prepare this report contain a record of all beneficiaries who used covered hospital outpatient services That is, the hospital outpatient figures shown reflect users of covered services whether or not they were reimbursed by the Medicare program.

Standard Error Tables

Table 6 and 7 show approximate standard errors for estimates in this report. The standard error is primarily a measure of sampling variability, that is, the variation that occurs by chance because a sample rather than the whole population is used. To calculate standard errors for specific estimates. In general, estimates for small subgroups and percentages or means with small bases tend to be relatively unreliable.

DEFINITION

Disabled Medicare Enrollees - These persons consist of two groups of enrollees. The first group are persons who have been entitled to cash disability benefits for at least 24 consecutive months. Some of these persons entitled to cash disability benefits have end stage renal disease ESRD). The second group are persons who have not been entitled to cash disability benefits for 24 consecutive months. They are entitled to Medicare because they have ESRD and meet certain social security insured status requirements.

TABLE 6
Approximate Standard Error of Estimated Charges and Reimbursement for Aged, Disabled, and ESRD Beneficiaries

(68 Chances out of 100)

Estimated Charges or Reimbursements	Standard Error	
	Aged and Disabled	ESRD
$ 1,000	$ 970	NA
3,000	2,900	NA
5,000	4,900	NA
10,000	9,700	NA
30,000	17,000	NA
50,000	23,000	NA
100,000	33,000	NA
300,000	59,000	260,000
500,000	78,000	330,000
1,000,000	110,000	480,000
3,000,000	220,000	870,000
5,000,000	290,000	1,200,000
10,000,000	450,000	1,700,000
30,000,000	880,000	3,100,000
50,000,000	1,200,000	4,000,000
100,000,000	1,800,000	5,600,000
300,000,000	3,000,000	8,400,000
500,000,000	3,000,000	NA

TABLE 7
Approximate Standard Error of Estimated Reimbursement as a Percent of Charges for Aged and Disabled Beneficiaries

(68 Chances out of 100)

Amount of Charges in Base (in Thousands)	Reimbursement as a Percent of Charges			
	40%	50%	60%	70%
$ 50	10.0	9.6	8.6	7.6
100	7.3	6.7	6.0	5.3
300	4.1	3.8	3.4	3.1
500	3.2	2.9	2.6	2.4
1,000	2.2	2.0	1.8	1.7
3,000	1.2	1.1	1.0	.98
5,000	.91	.86	.81	.77
10,000	.63	.59	.57	.55
30,000	.48	.47	.45	.44
50,000	.45	.43	.41	.36
100,000	.34	.32	.30	.27
300,000	.25	.23	.21	.18
500,000	.17	.16	.14	.13

TABLE 1

USE OF HOSPITAL OUTPATIENT SERVICES BY THE AGED AND DISABLED: COVERED CHARGES AND REIMBURSEMENT, 1974-80

(DOLLAR AMOUNTS IN THOUSANDS)

YEAR SERVICE INCURRED 1/	SMI ENROLLMENT 2/	COVERED CHARGES	TOTAL REIMBURSEMENTS		
			AMOUNT	PER ENROLLEE	AS PERCENT OF CHARGES
		ALL BENEFICIARIES			
1974	23,166,573	$ 535,296	$ 323,383	$ 13.96	60.4
1975	23,904,551	747,518	469,675	19.66	63.0
1976	24,614,402	974,708	630,323	25.61	64.7
1977	25,363,468	1,175,878	773,490	30.50	65.8
1978	26,074,085	1,384,067	923,658	35.45	66.7
1979	26,757,329	1,660,363	1,132,202	42.31	68.2
1980	27,399,658	2,044,119	1,417,981	51.75	69.4
PERCENT CHANGE, 1974-80	18	282	338	270	15
		AGED			
1974	21,421,545	$ 394,680	$ 220,742	$ 10.30	55.9
1975	21,945,301	546,095	323,563	14.74	59.3
1976	22,445,911	704,569	432,971	19.29	61.5
1977	22,990,826	855,412	540,040	23.49	63.1
1978	23,530,893	1,005,467	648,249	27.55	64.5
1979	24,098,491	1,203,048	797,442	33.09	66.3
1980	24,680,432	1,496,500	1,015,665	41.15	67.9
PERCENT CHANGE, 1974-80	15	279	360	300	21
		DISABLED			
1974	1,745,019	$ 140,617	$ 102,641	$ 57.07	70.8
1975	1,959,248	201,423	146,312	74.69	72.6
1976	2,168,467	270,139	197,352	91.03	73.1
1977	2,372,594	320,466	233,450	98.38	72.8
1978	2,543,162	378,600	275,409	109.03	72.7
1979	2,658,838	457,315	334,760	125.90	73.2
1980	2,719,226	547,619	402,316	147.95	73.5
PERCENT CHANGE, 1974-80	56	289	292	159	4

1/ 1974-79 FIGURES BASED ON DATA RECORDED ONE YEAR AFTER THE YEAR SERVICE WAS INCURRED. 1980 DATA ARE PRELIMINARY AND ARE BASED ON DATA RECORDED AS OF JULY 1, 1981 (SIX MONTHS FOLLOWING THE YEAR OF SERVICE).

2/ AS OF JULY 1.

TABLE 2

USE OF HOSPITAL OUTPATIENT SERVICES BY THE AGED AND DISABLED: CHARGES, PERCENT DISTRIBUTION, AND AVERAGE CHARGE PER ENROLLEE BY TYPE OF SERVICE, SEX, RACE, AND TYPE OF ENTITLEMENT, 1980

SEX, RACE, AND TYPE OF ENTITLEMENT	TOTAL	CLINIC	EMERGENCY ROOM	LABORATORY	RADIOLOGY	PHARMACY	PHYSICAL THERAPY	OTHER 1/
				CHARGES (IN THOUSANDS)				
TOTAL	$2,044,119	$164,349	$165,963	$385,811	$428,034	$42,341	$86,482	$771,169
SEX:								
MEN	931,624	66,497	75,095	163,211	180,174	21,740	31,547	393,359
WOMEN	1,112,495	97,852	90,868	222,600	247,859	20,600	54,935	377,810
RACE:								
WHITE	1,663,571	103,075	139,282	319,722	375,034	35,924	76,674	613,890
ALL OTHER	329,126	57,740	22,986	56,164	42,444	5,315	7,634	136,842
UNKNOWN	51,422	3,535	3,695	9,925	10,555	1,101	2,174	20,437
TYPE OF ENTITLEMENT:								
AGED	1,496,500	121,663	134,461	304,887	376,841	29,662	73,546	455,472
DISABLED 2/	244,279	40,885	30,113	45,012	46,788	7,200	11,868	62,445
				PERCENT DISTRIBUTION				
TOTAL	100.0	8.0	8.1	18.9	20.9	2.1	4.2	37.7
SEX:								
MEN	100.0	7.1	8.1	17.5	19.3	2.3	3.4	42.2
WOMEN	100.0	8.8	8.2	20.0	22.3	1.9	4.9	34.0
RACE:								
WHITE	100.0	6.2	8.4	19.2	22.5	2.2	4.6	36.9
ALL OTHER	100.0	17.5	7.0	17.1	12.9	1.6	2.3	41.6
UNKNOWN	100.0	6.9	7.2	19.3	20.5	2.1	4.2	39.7
TYPE OF ENTITLEMENT:								
AGED	100.0	8.1	9.0	20.4	25.2	2.0	4.9	30.4
DISABLED 2/	100.0	16.7	12.3	18.4	19.2	2.9	4.9	25.5

TABLE 2

USE OF HOSPITAL OUTPATIENT SERVICES BY THE AGED AND DISABLED: CHARGES, PERCENT DISTRIBUTION, AND AVERAGE CHARGE PER ENROLLEE BY TYPE OF SERVICE, SEX, RACE, AND TYPE OF ENTITLEMENT, 1980

SEX, RACE, AND TYPE OF ENTITLEMENT	TOTAL	CLINIC	EMERGENCY ROOM	LABORATORY	RADIOLOGY	PHARMACY	PHYSICAL THERAPY	OTHER 1/
	CHARGES PER ENROLLEE							
TOTAL	$74.60	$6.00	$6.06	$14.08	$15.62	$1.55	$3.16	$28.15
SEX:								
MEN	80.57	5.75	6.49	14.12	15.58	1.88	2.73	34.02
WOMEN	70.24	6.18	5.74	14.06	15.65	1.30	3.47	23.86
RACE:								
WHITE	69.05	4.28	5.78	13.27	15.57	1.49	3.18	25.48
ALL OTHER	128.40	22.53	8.97	21.91	16.56	2.07	2.98	53.38
UNKNOWN	69.24	4.76	4.98	13.36	14.21	1.48	2.93	27.52
TYPE OF ENTITLEMENT:								
AGED	60.64	4.93	5.45	12.35	15.27	1.20	2.98	18.45
DISABLED 2/	89.83	15.04	11.07	16.55	17.21	2.65	4.36	22.95

1/ THE "OTHER" CATEGORY INCLUDES CHARGES FOR COMPUTERIZED AXIAL TOMOGRAPHY, DURABLE MEDICAL EQUIPMENT, BLOOD ADMINISTRATION, DIALYSIS SERVICES, ETC.
2/ EXCLUDES ALL PERSONS UNDER AGE 65 WITH ESRD.

TABLE 3

USE OF HOSPITAL OUTPATIENT CLINIC AND EMERGENCY ROOM SERVICES BY THE AGED AND DISABLED: VISITS AND CHARGES BY SEX, RACE, AND TYPE OF ENTITLEMENT, 1980

(VISITS AND CHARGES IN THOUSANDS)

SEX, RACE, AND TYPE OF ENTITLEMENT	CLINIC SERVICES				EMERGENCY ROOM SERVICES			
	VISITS		CHARGES		VISITS		CHARGES	
	NUMBER	PER 1,000 ENROLLEES	AMOUNT	PER VISIT	NUMBER	PER 1,000 ENROLLEES	AMOUNT	PER VISIT
TOTAL	5,381	196	$164,349	$30.54	5,374	196	$165,963	$30.88
SEX:								
MEN	2,154	186	66,497	30.87	2,388	207	75,095	31.45
WOMEN	3,226	204	97,852	30.33	2,987	189	90,868	30.42
RACE:								
WHITE	3,406	141	103,075	30.26	4,585	190	139,282	30.38
ALL OTHER	1,839	717	57,740	31.40	672	262	22,986	34.21
UNKNOWN	136	183	3,535	25.99	117	158	3,695	31.58
TYPE OF ENTITLEMENT:								
AGED	4,115	167	121,663	29.57	4,334	176	134,461	31.02
DISABLED 1/	1,211	445	40,885	33.76	1003	369	30,113	30.02

1/ EXCLUDES ALL PERSONS UNDER AGE 65 WITH ESRD.

TABLE 4

USE OF HOSPITAL OUTPATIENT SERVICES BY THE AGED: COVERED CHARGES AND REIMBURSEMENTS, BY RESIDENCE, 1980

(DOLLAR AMOUNTS IN THOUSANDS)

AREA OF RESIDENCE	COVERED CHARGES	TOTAL REIMBURSEMENTS		
		AMOUNT	PER ENROLLEE 1/	AS PERCENT OF CHARGES
ALL AREAS	$1,496,500	$1,015,665	$41.15	67.9
UNITED STATES 2/	1,492,345	1,013,002	41.40	67.9
NORTHEAST	454,912	298,007	50.64	65.5
NORTH CENTRAL	380,539	253,727	38.92	66.7
SOUTH	348,422	236,445	29.75	67.9
WEST	308,472	224,823	54.90	72.9
NEW ENGLAND	132,596	93,604	63.37	70.6
CONNECTICUT	23,801	16,902	47.35	71.0
MAINE	13,268	7,714	55.07	58.1
MASSACHUSETTS	76,860	56,151	80.31	73.1
NEW HAMPSHIRE	6,536	4,559	45.22	69.8
RHODE ISLAND	8,884	6,019	49.14	67.8
VERMONT	3,247	2,259	39.25	69.6
MIDDLE ATLANTIC	322,316	204,403	46.38	63.4
NEW JERSEY	49,270	35,341	42.12	71.7
NEW YORK	157,916	100,575	48.27	63.7
PENNSYLVANIA	115,129	68,487	46.13	59.5
EAST NORTH CENTRAL	275,703	182,029	41.61	66.0
ILLINOIS	77,567	52,981	43.72	68.3
INDIANA	29,852	20,175	35.57	67.6
MICHIGAN	81,164	50,961	56.53	62.8
OHIO	58,331	39,814	35.13	68.3
WISCONSIN	28,789	18,097	32.30	62.9
WEST NORTH CENTRAL	104,835	71,698	33.42	68.4
IOWA	16,688	11,289	29.63	67.6
KANSAS	15,696	11,191	37.50	71.3
MINNESOTA	29,131	20,192	42.82	69.3
MISSOURI	29,562	19,676	31.52	66.6
NEBRASKA	8,285	5,625	27.93	67.9
NORTH DAKOTA	2,688	1,857	23.29	69.1
SOUTH DAKOTA	2,786	1,868	20.92	67.1

TABLE 4

USE OF HOSPITAL OUTPATIENT SERVICES BY THE AGED: COVERED CHARGES AND REIMBURSEMENTS, BY RESIDENCE, 1980

(DOLLAR AMOUNTS IN THOUSANDS)

AREA OF RESIDENCE	COVERED CHARGES	TOTAL REIMBURSEMENTS		
		AMOUNT	PER ENROLLEE 1/	AS PERCENT OF CHARGES
SOUTH ATLANTIC	205,199	140,243	34.41	68.3
DELAWARE	4,169	2,854	49.14	68.5
DISTRICT OF COLUMBIA	5,591	4,018	61.52	71.9
FLORIDA	69,001	50,001	32.24	72.5
GEORGIA	25,099	16,916	34.70	67.4
MARYLAND	25,832	16,715	45.57	64.7
NORTH CAROLINA	24,736	16,695	28.96	67.5
SOUTH CAROLINA	12,046	7,788	28.83	64.7
VIRGINIA	27,513	19,354	40.93	70.3
WEST VIRGINIA	11,214	5,902	25.89	52.6
EAST SOUTH CENTRAL	58,482	38,698	24.56	66.2
ALABAMA	17,139	11,816	28.33	68.9
KENTUCKY	12,764	7,837	19.91	61.4
MISSISSIPPI	9,838	6,700	24.62	68.1
TENNESSEE	18,740	12,346	25.96	65.9
WEST SOUTH CENTRAL	84,741	57,504	25.03	67.9
ARKANSAS	11,214	7,843	26.46	69.9
LOUISIANA	13,488	8,643	24.15	64.1
OKLAHOMA	13,839	9,615	27.37	69.5
TEXAS	46,199	31,405	24.32	68.0
MOUNTAIN	65,997	46,603	46.07	70.6
ARIZONA	16,495	11,515	40.23	69.8
COLORADO	17,547	12,425	52.50	70.8
IDAHO	5,931	4,038	43.82	68.1
MONTANA	4,169	2,863	34.33	68.7
NEVADA	6,278	4,685	74.39	74.6
NEW MEXICO	7,679	5,627	51.10	73.3
UTAH	6,029	4,217	40.87	70.1
WYOMING	1,880	1,235	33.60	65.7
PACIFIC	242,475	178,228	57.80	73.5
ALASKA	849	568	60.57	66.9
CALIFORNIA	201,615	149,561	65.12	74.2
HAWAII	3,998	2,644	36.98	66.1
OREGON	16,855	12,110	41.66	71.9
WASHINGTON	19,179	13,337	52.11	69.5
OUTLYING AREAS 3/	4,155	2,663	12.52	64.1

1/ BASED ON SUPPLEMENTARY MEDICAL INSURANCE ENROLLMENT AS OF JULY 1,1980.
2/ CONSISTS OF 50 STATES AND THE DISTRICT OF COLUMBIA.
3/ CONSISTS OF PUERTO RICO, VIRGIN ISLANDS, GUAM, OTHER AREAS, AND RESIDENCE UNKNOWN.

TABLE 5

USE OF HOSPITAL OUTPATIENT SERVICES BY THE DISABLED EXCLUDING ESRD: COVERED CHARGES AND REIMBURSEMENTS, BY RESIDENCE, 1980

(DOLLAR AMOUNTS IN THOUSANDS)

AREA OF RESIDENCE	COVERED CHARGES	TOTAL REIMBURSEMENTS		
		AMOUNT	PER ENROLLEE 1/	AS PERCENT OF CHARGES
ALL AREAS	$244,270	$167,109	$62.07	68.4
UNITED STATES 2/	243,604	166,730	62.95	68.4
NORTHEAST	73,530	48,535	83.21	66.0
NORTH CENTRAL	50,216	33,873	55.20	67.5
SOUTH	62,371	41,946	41.74	67.3
WEST	57,488	42,376	95.52	73.7
NEW ENGLAND	16,628	11,775	92.42	70.8
CONNECTICUT	2,953	2,049	72.64	69.4
MAINE	1,727	1,008	67.94	58.4
MASSACHUSETTS	9,558	7,082	121.99	74.1
NEW HAMPSHIRE	746	523	63.88	70.1
RHODE ISLAND	1,194	796	65.65	66.7
VERMONT	450	316	52.88	70.3
MIDDLE ATLANTIC	56,902	36,760	80.63	64.6
NEW JERSEY	10,613	7,771	90.73	73.2
NEW YORK	28,560	18,041	82.95	63.2
PENNSYLVANIA	17,729	10,948	71.68	61.8
EAST NORTH CENTRAL	38,540	25,812	57.69	67.0
ILLINOIS	8,408	5,835	56.02	69.4
INDIANA	4,299	2,969	51.04	69.1
MICHIGAN	12,530	8,038	73.47	64.2
OHIO	9,527	6,597	51.04	69.2
WISCONSIN	3,776	2,373	51.12	62.8
WEST NORTH CENTRAL	11,676	8,061	48.50	69.0
IOWA	1,739	1,207	44.65	69.4
KANSAS	1,518	1,100	54.34	72.5
MINNESOTA	2,181	1,479	45.62	67.8
MISSOURI	4,623	3,130	50.09	67.7
NEBRASKA	922	641	51.21	69.5
NORTH DAKOTA	395	296	56.75	75.0
SOUTH DAKOTA	298	208	33.08	69.7

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USE OF HOSPITAL OUTPATIENT SERVICES BY THE DISABLED EXCLUDING ESRD: COVERED CHARGES AND REIMBURSEMENTS, BY RESIDENCE, 1980

(DOLLAR AMOUNTS IN THOUSANDS)

AREA OF RESIDENCE	COVERED CHARGES	TOTAL REIMBURSEMENTS		
		AMOUNT	PER ENROLLEE 1/	AS PERCENT OF CHARGES
SOUTH ATLANTIC	37,163	25,050	49.36	67.4
DELAWARE	626	425	65.69	67.9
DISTRICT OF COLUMBIA	838	591	83.19	70.5
FLORIDA	8,212	5,774	42.20	70.3
GEORGIA	6,451	4,450	53.31	69.0
MARYLAND	4,715	3,096	82.81	65.7
NORTH CAROLINA	5,756	3,960	46.32	68.8
SOUTH CAROLINA	3,413	2,205	46.20	64.6
VIRGINIA	4,577	3,147	50.35	68.8
WEST VIRGINIA	2,576	1,404	34.65	54.5
EAST SOUTH CENTRAL	12,192	8,170	35.25	67.0
ALABAMA	2,997	2,040	34.44	68.1
KENTUCKY	2,475	1,572	27.24	63.5
MISSISSIPPI	2,029	1,377	31.97	67.9
TENNESSEE	4,692	3,183	44.32	67.8
WEST SOUTH CENTRAL	13,015	8,725	32.85	67.0
ARKANSAS	1,599	1,076	25.35	67.3
LOUISIANA	2,721	1,756	31.02	64.5
OKLAHOMA	1,655	1,148	30.69	69.4
TEXAS	7,041	4,746	36.75	67.4
MOUNTAIN	8,943	6,274	61.54	70.2
ARIZONA	2,631	1,807	59.10	68.7
COLORADO	2,554	1,842	83.90	72.1
IDAHO	634	426	50.06	67.2
MONTANA	714	509	62.01	71.4
NEVADA	659	478	62.78	72.5
NEW MEXICO	1,052	749	53.27	71.2
UTAH	620	413	49.05	66.6
WYOMING	79	51	19.31	64.0
PACIFIC	48,545	36,101	105.65	74.4
ALASKA	166	112	82.95	67.8
CALIFORNIA	42,924	32,169	120.42	74.9
HAWAII	500	340	51.19	68.0
OREGON	2,043	1,454	53.38	71.2
WASHINGTON	2,913	2,026	51.54	69.6
OUTLYING AREAS 3/	665	379	8.67	57.0

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